

DOCUMENT# H84960

**FILED**  
**Jan 12, 2009**  
**Secretary of State**

**New Principal Place of Business:****Current Mailing Address:****New Mailing Address:**

P. O. BOX 770545  
WINTER GARDEN, FL 347770545

FEI Number: 59-2595198

FEI Number Applied For ( )

**FBI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

**Name and Address of New Registered Agent:**

JOHNSON, BLAIR  
425 S DILLARD ST  
WINTER GARDEN, FL 34787 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE:

Electronic Signature of Registered Agent

Date \_\_\_\_\_

## Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: PD ( ) Delete  
Name: GRIMES, LARRY A  
Address: 12514 SUMMERPORT LANE  
City-St-Zip: WINDERMERE, FL 34786 US

Title: VD ( ) Delete  
Name: GRIMES, HUGH O.,  
Address: 704 TANGERINE COURT  
City-St-Zip: WINTER GARDEN, FL 34787

Title: STD ( ) Delete  
Name: KNIGHT, H. C.,  
Address: 436 NO LAKEVIEW AVE  
City-St-Zip: WINTER GARDEN, FL

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: LARRY A. GRIMES

P/D

01/12/2009

Electronic Signature of Signing Officer or Director

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Date \_\_\_\_\_